introductory VS topics. The EXP group was assigned to study from a web-based vascular curriculum developed by our faculty, while the CON group was encouraged to read and prepare weekly for cases.

Results: 57 trainees were randomized and the groups did not differ at baseline (TABLE). EXP logged more hours and spent 32% more time outside the hospital studying. EXP improved more on their POST-test than CON (70 to 86% vs. 67 to 73%, P=0.003). Multivariate regression confirmed that access to the interactive modules was the only independent predictor of test performance improvement (odds ratio=5.8, P=0.016). After the rotation, VS career interest increased 14% for EXP, and decreased 16% for CON (P<0.001).

Conclusions: Trainees assigned to an online vascular educational program studied more, performed better on written exams, and were more interested in a vascular career after the rotation. Implementation of an interactive web-based curriculum provides an efficient teaching and recruitment tool for contemporary VS trainees.

	EXPERIMENTAL (n=34)	*CONTROL (n=23)*	*P-value*
AGE	27.1	27.1	NS
M%/F%	56%/44%	39%/61%	NS
STUDENT%/INTERN%	68%/32%	57%/43%	NS
Hours worked/week	75.7	66.9	0.001
Cases scrubbed/week	6.5	5.2	NS
PRE-test score	70%	67%	NS
POST-test score	86%	73%	<0.001
Average test score increase	+11%	+6%	0.003
% trainees with >5% improvement	85%	57%	0.01

Author Disclosures: K. Casey: Nothing to disclose; **R. L. Dalman**: Nothing to disclose; **J. T. Lee**: Cordis Cardiovascular Institute,Research Grants; **E. Lilo**: Nothing to disclose; **M. A. Zayed**: Nothing to disclose.

RR17.

Comparison of Knowledge and Attitudes of Primary Care Physicians in Canada and Ireland

Elizabeth Wooster[1], Andrew Dueck[2], Daragh Moneley[3], Liz Ryan[3], Douglas Wooster[2]. [1]Theory and Policy Studies, OISE/University of Toronto, Toronto, ON, Canada; [2]University of Toronto - Department of Surgery, Toronto, ON, Canada; [3]Royal College of Surgery - Department of Vascular Surgery, Dublin, Ireland

Objectives: We evaluated the knowledge and attitudes of primary care physicians(PCP) with regards to abdominal aortic aneurysm(AAA) screening in major urban centres in Canada and Ireland. These were chosen for comparison as they are both locations where AAA screening guidelines have been accepted and promoted by their national vascular society but no national strategy for implementation of the guidelines exists.

Methods: Standardized paper surveys were distributed to 1600 PCPs in a defined geographic area in Canada and Ireland. Results were conducted using SPSS and descriptive statistics. Appropriate ethics board approvals were obtained.

Results: 42.6% of invited participants responded. Less than 40% worked in an academic setting and 46 - 56 % have been in practice for more than 20 years. There was a vascular surgeon available at their hospital or at their closest hospital for 70 - 78%. 30 % screen for AAA by physical exam although they agree that this is a poor modality. 60% are unaware of AAA screening guidelines; only 10% routinely screen by ultrasound. For those respondents who were aware of the guidelines, only 5% actively screened target patients. 56% see more than 12 target men per week. The majority agrees with the importance of screening for hypertension and a variety of cancers; they did not recognize specific patient or resource barriers to AAA screening. Focused discussions with a subset of respondents revealed that PCPs preferred active advocacy by consultant vascular specialists to promote AAA screening. No specific differences were seen in the 2 countries.

Conclusions: Promotion of guidelines by a national vascular society does not correlate with an increased knowledge of guidelines or consistent practice for screening of AAAs amongst PCPs. PCPs support of the principle of screening in general and no specific barriers to screening were identified. Further studies are necessary to determine more vigorous strategies for widespread implementation of the AAA screening guidelines.

Author Disclosures: A. Dueck: Nothing to disclose; **D. Moneley**: Nothing to disclose; **L. Ryan**: Nothing to disclose; **D. Wooster**: Nothing to disclose; **E. Wooster**: Nothing to disclose.

RR18.

Surgery for Thoracic Outlet Syndrome: A Nationwide Perspective

Jason T. Lee[1], Monica M. Dua[1], Venita Chandra[1], Tina M. Hernandez-Boussard[1], Karl A. Illig[2]. [1]Stanford University Medical Center, Stanford, CA; [2]University of Rochester Medical Center, Rochester, NY

Objectives: Wide ranging algorithms exist for treating thoracic outlet syndrome (TOS) and differ significantly amongst surgeons. Supporters of both conservative and aggressive therapies for neurogenic and vascular TOS report good outcomes. To better understand overall incidence of surgery and practice patterns, we examined national trends in the surgical treatment of TOS and associated in-hospital morbidity.

Methods: The Nationwide Inpatient Sample was queried from 1998-2007. Cases of vascular and neurogenic thoracic outlet surgeries as well as postoperative complications were identified based on specific ICD-9-CM diagnostic and procedure codes.